U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4378				2. Fisca	2. Fiscal Year Covered From:				
			,		1/1/	2005 Through	: [12]/[31	2005	
3. Name and address of person filing.				4. Nam	4. Name, file number, and address of labor organization.				
Name Jay T Boyle				Name	Name Communications Workers of America				
			-	Labo	r Organization File I	Number		-	
P.O. Bo	ox, Bldg., Room No., if a	ny Apt 31		P.O.	Box, Building and R	Room Number, if any	y 209	an ang garan na aman na rain mag na ang ng garan ag an ang ng sa ang ng sa ang ng sa ang na ang na ang na ang Mananan an ang na sa	
Street	eet 1502 Grandview Ave			Stree	t 10730 Pacif	ic Street			
City	Papillion			City	City Omaha				
State	Nebraska	ZIP Code +	4 68046	State	Nebraska	e de la companya de l La companya de la co	ZIP Code + 4	68114-4716	
5. Positio	on in labor organization.	Staff Represent	ative				engenoon meer v om ee enerv on seerve t opwake v v s v omm		
A. Held monetar	an interest in, engage ry value from an empl	If, during the past fiscal y (except as d in transactions (includ loyer whose employed r (including trade name, if	specified in the exc ling loans) with, o es your organiza	lusions set r derived i tion repre	forth in the instructi	ions): conomic benefit of ly seeking to repre		nterests	
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Name of Person Filing Jay Boyle	File Number U-								
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise								
8. Name and address of Business (including trade name, if any). Name Qwest Communications Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1801 California City Denver State Colorado ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	•							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.								
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Leadership Meeting held in Februar	y 2005 -							
Street	11.b. Approximate dollar value of such dealing.	\$508							
State ZIP Code + 4	12.a. Nature of interest held or income received.								
	12.b. Amount.								
C. Doorbood from any complete (Abouthouse and Complete Co									
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.									
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	14.a. Nature of payment.								
City		PREPERENTAL							
State ZIP Code + 4									
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.								